



AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

ID NUMBER 62-6000238

I (we) hereby authorize the City of Alcoa to initiate debit entries in the amount of my (our) monthly utility bill to my (our)
_____Checking _____Savings account (select one) identified below in the Bank named and that Bank to debit same to such account. I understand that in the event there are insufficient funds available, I will be removed from the program and returned check charges will be applicable.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA #: _____ ACCT#: _____

HOME PHONE #: _____ WORK PHONE#: _____

PLEASE VOID A CHECK AND ATTACH IT TO THIS FORM.

This authority is to remain in full force and effect until the City of Alcoa and the Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Alcoa and the Bank a reasonable opportunity to act on the cancellation of this service.

*****PLEASE ALLOW 6 WEEKS FOR DRAFT TO BEGIN*****

NAME: _____ UTILITY ACCT#: _____

SIGNED: _____ DATE: _____